RISK ASSESSMENT FORM

KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

FAMILY/HOUSEHOLD INFORMATION

Head of Household_____ Date_____

Household member(s) participating in assessment_____

Ethnic background(s)_____ Primary language in home_____

Does anyone speak English? Who?_____

If no, who does the family rely on for translation?_____

Does the family have a car? YES NO How many?_____ Who uses it/them?_____

If no, how does family meet transportation needs?_____

List all members that have a high school diploma or equivalent_____

List schools where children attend _____

HOUSING INFORMATION

Number in Household_____ What is the monthly cost of housing? $_____

Type of Housing: ☐ Apt ☐ House ☐ Room *Type of Payment:* ☐ Rent ☐ Own ☐ Rent to Own

☐ Shelter ☐ Hotel ☐ Relatives ☐ Other

Issues or Comments:

FINANCIAL INFORMATION

List any bills that need attention _____

Explain issues or concerns pertaining to employment and/or finance _____

HEALTH AND MEDICAL INFORMATION

Is a member of the family pregnant?(List)_____

Is she receiving prenatal care? YES NO If yes, from whom? _____

Comments:_____

Are immunizations current for all children and adult family members? YES NO

Comments:_____

Indicate acute or chronic health problems of family members:

☐ Diabetes ☐ Injuries ☐ Hypertension ☐ Respiratory/asthma

☐ Cardiovascular Disease ☐ Skin Problems ☐ Hearing ☐ Vision

☐ Dental ☐ Other_____

Family member(s) hospitalized in the past? (explain)_____

Family member(s) taking medication daily? (list) _____

For what condition(s)?_____

HEALTH AND MEDICAL INFORMATION (Cont.)

Where does the family receive primary health care?_____

Identify problems or situations causing stress for the client/family_____

_____

How is the client/family coping?_____

What emotional or mental problems are the client or family members experiencing?_____

Check social supports the client/family have.

☐Family ☐Extended Family ☐Church ☐ Friends ☐ Community

How long has the client/family lived in the area?_____

If not from the U.S., how long has the client/family lived in the country?_____

Comments:_____

_____

RESOURCES

(Check all those being utilized)

☐ TANF	☐ Food Stamps/WIC/Commodities	☐ Migrant Education	☐ Weatherization
☐ SSI	☐ Food Pantries/Soup Kitchens	☐ Housing assistance	☐ Medicare
☐ ESL	☐ Employment Security/Job Training	☐ Maternal and Infant Care Program	
☐ Legal Aid	☐ Early Childhood Program/Headstart	☐ Medicaid/Kan-Be-Healthy	

Other services (List)_____

_____

DIAGNOSIS

Prioritized Problem List:	Recommended Interventions:

Referral to regional farmworker case manager? ☐ YES ☐ NO

Nurse/Social Work Interviewer _____ *Agency:*_____ *Date:*_____
Signature

Additional Comments/Clarifications